

Michigan Department of Agriculture (MDA) / Pesticide & Plant Pest Management Division
 Attn: Sherri Fedewa, P.O. Box 30017, Lansing, MI 48909 (517) 335-0880 FAX (517) 335-4540

GYPSY MOTH SUPPRESSION PROGRAM EXPENDITURE SUMMARY

October 1, 2005 through June 30, 2006

PERIOD 1:

DATE ____/____/____ COUNTY _____ FEDERAL TAX I.D. # _____

The following expenses were incurred solely for treatment of lands that qualify under the Michigan Gypsy Moth Cooperative program.

SALARIES & WAGES (position & number of staff)		COST	
1.		\$	
2.		\$	
3.		\$	SALARIES & WAGES TOTALS \$ _____
FRINGE BENEFITS (positions & number of staff)		COST	
1.		\$	
2.		\$	
3.		\$	FRINGE BENEFITS TOTALS \$ _____
TRAVEL VEHICLES	MILES	RATE	TRAVEL VEHICLES TOTALS \$ _____
EQUIPMENT ITEMS		COST	
1.		\$	
2.		\$	
3.		\$	EQUIPMENT ITEMS TOTAL \$ _____
GENERAL EXPENDITURES:		COST	
1. SUPPLIES _____		\$ _____	
		\$ _____	
		\$ _____	
2. TELEPHONES		\$	
3. PRINTING POSTAGE		\$	
4. EDUCATION PROGRAMS		\$	
5. GIS/GPS (digitizing)		\$	
6. MISCELLANEOUS _____		\$ _____	GERNAL EXPENDITURES TOTAL \$ _____
		\$ _____	
SUB TOTAL			\$ _____

INDIRECT ITEMS: 7.72% (indirect rate for FY2006) <hr/> <hr/> <hr/> <p style="text-align: center;">INDIRECT CHARGES TOTAL</p> <ul style="list-style-type: none"> If your "Indirect Charges Total" is less than the "Allowable Indirect Charges, then enter the "Indirect Charges Total" in the "Reimbursable Indirect Charges" field. If your "Indirect Charges Total" is more than the "Allowable Indirect Charges", then only enter the allowable amount in the "Reimbursable Indirect Charges" field. 	COST \$ _____ \$ _____ \$ _____ \$ _____	To calculate Allowable Indirect Charges: (Subtotal-above) <hr/> $\underline{\quad} \times \text{(Indirect Rate)} \quad \times \quad \underline{7.72\%}$ $= \text{(Allowable Indirect Charges)} \quad =$ <hr/> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> REIMBURSEABLE INDIRECT CHARGES \$ _____ </div>
GRAND TOTAL EXPENDITURES \$ _____ (Subtotal + Reimbursable Indirect Charges)		

**GYPSY MOTH SUPPRESSION PROGRAM
EXPENDITURE SUMMARY
(Page 2)**

PERIOD 1: **October 1, 2005 through June 30, 2006** **COUNTY:** _____

BASED ON THE 2006 GRANT AGREEMENT:

"In the event there is a shortage of federal funds, reimbursement will be based on a prorated per acre basis. The Grantee will be eligible for cost share for expenses up to \$100/acre (\$50 per acre cost share) up to a cap of \$50,000 (\$25,000 cost share). Expenditures made by the Grantee in excess of \$50,000 will be entirely at the Grantee's expense.

If the Grantee treats more than 10,000 acres, the eligible expenses will be capped at \$80,000. (\$40,000 cost share).

Expenditures for Period 1: Based on a 50% cost share of Grand Total Expenditures.

Expenditures for Period 2 - Total eligible reimbursable expenses incurred during both periods will be the basis for reimbursement up to the above identified cap according to available federal cost share dollars.

GRAND TOTAL EXPENDITURES: \$ _____
 (Grand Total from previous page)

1st PERIOD PAYMENT (COST SHARE (50%): \$ _____
 (50% of Grand Total Expenditures)

CERTIFICATION

I certify that I am authorized to sign on behalf of the grantee and that the aforementioned is a TRUE and correct statement of expenditures and collections for the reporting period. In addition, I certify that all expenses reported were incurred for work performed on lands that are eligible and qualified as specified by the Michigan Department of Agriculture (MDA). Appropriate documentation is attached to support costs and receipts.

Printed Name: _____ Title: _____

Signature: _____ Date: _____

SUBMIT EXPENDITURES TO: Michigan Department of Agriculture (MDA) / Pesticide & Plant Pest Management Division
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